

PA12-028

HB5329

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ALEX LANUK: It's no longer a conundrum. It's more of a differentiating and identifying the individual. A federal court ruled there's a difference, and we're looking to specifically make the difference so that a consumer that is going to be investing in services for interior design or whether it's for their home, whether it's for their business, whether it could be for an educational facility or a state facility is getting the proper individual to do that specific work that they're qualified to do.

JOHN ARABALOS: It does clear up the air, so to speak, as to who is qualified to do this type of work, especially when you're dealing with codes, fire regulations, et cetera, et cetera, which the decorating community does not have that background.

REP. REED: Thank you very much for your testimony. Thank you, Mr. Chairman.

REP. TABORSAK: Thank you, Representative. Thank you for your testimony.

ALEX LANUK: Thank you.

REP. TABORSAK: Next speaker is Karen Buckley Bates, followed by Eric Schoonmaker, followed by Michelle Hamilton, followed by Kerensa Mansfield, and then Chris Herb.

KAREN BUCKLEY BATES: Good afternoon, Representative Taborsak.

REP. TABORSAK: Good afternoon.

KAREN BUCKLEY BATES: And members of the General Law Committee. My name is Karen Buckley Bates, and I am the director of government

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relations for the Connecticut Hospital Association. The Connecticut Hospital Association appreciates the opportunity to testify today in support of H.B. 5329, AN ACT CONCERNING THE USE OF TELEPHARMACY BY HOSPITALS. CHA supports the bill and appreciates the committee raising it on our behalf.

Public Act 11-242, Section 50 contained a provision that permitted the Department of Consumer Protection, in consultation with the Department of Public Health, to establish a telepharmacy pilot program in one of Connecticut's hospitals and its satellite locations. In January, the Department of Consumer Protection issued a letter of approval for the telepharmacy pilot program that is in place at Yale New Haven Hospital. The current pilot allows the patients to receive IV care and treatment closer to their home with a pharmacist at Yale New Haven Hospital providing real-time audio and visual overview of the activities of the pharmacy technician working at the satellite location.

In addition, the pharmacy technician takes photographs of the sterile products at each step of the process for real-time review and verification, as well as long-term technical storage and quality review. House Bill 5329 will permit all of Connecticut's hospitals to participate in similar telepharmacy initiatives on a permanent basis, provided they meet the same quality standards outlined in the current pilot and are in compliance with the DCP pharmacy regulations and CHA supports this initiative.

When we came to the committee, we worked with the Department of Consumer Protection on a initial language that resubmitted to the

committee. And after consulting with DCP one more time, we were requested to ask for one technical change in the language that is before you today. So we are respectful requesting that the minor technical language change that we included in our testimony, which is the language in line 45 to 46, which actually currently reads, "An appropriately licensed individual," to be changed to, "A licensed pharmacist."

In essence it doesn't change the intent of the language, it just makes it clearer and provides clarity to those who are looking at the language that only a licensed pharmacist can do that work. CHA would welcome the opportunity to work with the Department of Consumer Protection and the General Law Committee in our collective efforts to bring quality care closer to a patient's home and urges you to support House Bill 5329. Thank you.

REP. TABORSAK: Thank you, Karen. Can you just clarify for the committee if this would be limited to IV-type drug prescriptions?

KAREN BUCKLEY BATES: So I will do my best to answer your technical pharmacy questions. I will note for you that Lori Lee, who is the director of pharmacy at Yale New Haven Hospital, will be testifying, I think, about four or five people after me. And she can speak specifically to the types of products, but the language specifically refers to sterile products currently IV. The products are prepared under a particular vent, and need to be sterile in nature.

REP. TABORSAK: Thank you for that clarification. Are there any questions from the committee? Any questions, okay. I guess I would just,

you know, it's an interesting concept. It seems to me to make a lot of sense to be able to bring these treatments out into the community so that people around the state can actually receive these types of treatments close to home rather than have to go into necessarily the big city hospital.

It just makes a lot of sense. Do you want to comment on that at all? Like as far as how it's perceived by patients, the hospital, the hospitals that you're dealing with?

KAREN BUCKLEY BATES: I think hospitals in general are looking at the best way to provide quality care to patients in the most comfortable way that they can. And certainly this allows patients to receive, in this case, chemotherapy type care closer to home rather than traveling to the inner city. But with the same quality standards that they would get at a hospital.

REP. TABORSAK: Okay. Thank you for that comment. Representative Baram?

REP. BARAM: Thank you, Mr. Chairman. When you talk about getting this therapy closer to home, can you elaborate on what you mean? Are there centers that are being set up, you know, outside in certain geographic areas? And is there any reason why this kind of therapy can't take place in the home?

KAREN BUCKLEY BATES: So the language of the bill simply refers to hospital pharmacies and/or relation to the hospital license in its satellite locations. In the case of the pilot, and Lori Lee can probably talk a little bit more about this, Yale New Haven Hospital had reached an agreement with six satellite locations that were more like doctor's

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offices, if you will, that they worked out providing this type of chemotherapy care at those locations, which are closer to a patient's home.

It's the same type of chemotherapy treatment, if you will, that they would get at the hospital, but it is done in a medical office, if you will, for lack of a better way of explaining it. That's a satellite location and is under the hospital license and it's closer to the patient's home. Did I answer your question?

REP. BARAM: It does. And is there any concern within the medical field about allowing the technician to administer that kind of a treatment even if it's being viewed by somebody who's licensed? Is this something that's embraced within the medical community?

KAREN BUCKLEY BATES: So just to make one distinction, the technician is not the one who's administering the medication. The way the pilot is designed and set up it's that the technician is being supervised, if you will, so by the pharmacist. It maintains the pharmacist to pharmacy tech ratio that's currently within the Department of Consumer Protection regulations, so it doesn't change that.

And through the process of the picture taking and the verification that's done, once the product is verified it's given a specific label that it's been verified by the pharmacist, and then it is given to the nurse, the appropriately licensed person, to administered to the patient. And the nurses are only administering that medication if it has the verification label. So if the nurse would get a set of IV that doesn't have the

verified label on it, the nurse knows within this process not to administer that drug.

So this doesn't change the supervision that's currently, the ratios that are currently in place, it only changes, if you will, how that supervision is done. It would be done with both static pictures, live audio and live video. To the extent that that technology is not able, breaks down, not able to - - the computer's not booting up, the pilot is designed, the language is designed to say that you need to have the pharmacist then be onsite for the supervision of the technician. So I'm not aware of any concerns, that's the short answer to your question, explaining.

REP. BARAM: Thank you. There are quite a few things.

REP. TABORSAK: Thank you. And Representative Reed.

REP. REED: Thank you, Mr. Chairman. So what if there's a negative reaction in delivery of the chemotherapy in the satellite? How divorced are the on-deck people from some immediate assistance?

KAREN BUCKLEY BATES: So it's a real live time feed, both the audio and the visual, and actually in talking to the pharmacists who were doing the oversight of the pharmacy technician who was at the satellite location, the pharmacist actually, like the fact that the system takes pictures and stores the information.

So that if Dr. Smith said, you know, Karen just received her chemotherapy drug and had an adverse reaction, there is a quick real-time ability to go back and actually look at to

make sure that the right medication was drawn and that there's a clear then distinction as to whether or not there was some issue with the medication as being wrong, or in error, or just the patient had an adverse reaction.

It still would have the appropriate license people on site to deal with adverse reactions. It really is just looking at the pilot is looking at whether the pharmacist is on site or doing that review from another location.

REP. REED: One quick follow up. So I'm a little -- I'm confused. So is there a doctor anywhere around who can be immediately brought to the location?

KAREN BUCKLEY BATES: I would ask Lori Lee to maybe answer that question. There are nursing staff on site at the place that I was -- I visited, but I am not sure if there is always a doctor on site. I'm not sure that this would change that, but Lori may know the answer to that question because she helped design the (inaudible).

REP. REED: Thank you. Thank you, Mr. Chairman.

REP. TABORSAK: Thank you. Any further questions from the committee? I'm seeing none, thank you very much, Ms. Bates. The next speaker is Eric Schoonmaker, then Michelle Hamilton, Kerensa Mansfield, Chris Herb, and Jason - - Representative Rojas, if he shows up. Good afternoon.

ERIC SCHOONMAKER: Good afternoon. Senator Doyle, Representative Taborsak, and respective members of the General Law Committee. I am Eric M. Schoonmaker, a registered interior designer, and the current president of the Connecticut Coalition of Interior Designers.

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REP. BARAM: Well, if you timed your contract so let's say you -- you encourage somebody to sign a contract let's say in the summertime before heating oil was really necessary and it extended over the entire winter, your know, period. Wouldn't that avoid the problem you're eluding to?

CHRISTIAN A. HERB: Well, I would say that trying to coordinate 600 heating oil -- 600 heating oil dealers who served 650,000 consumers probably not as simple as it -- it sounds. I think that theoretically you're probably right. I don't know if it would quite work out that way. And one house with broken pipes probably wouldn't be worth it when there's a perfectly acceptable alternative that would not only protect consumers, but they might end up with free oil if an oil company wanted to pay games.

REP. BARAM: Thank you.

SENATOR DOYLE: Thank you.

Any further questions from the committee?

Seeing none, thank you.

Next speaker is Lori Lee, Michele Devine, Tim Phelan, Scott Silvester, Brian Goldwyn and Eugene Marconi.

LORRAINE LEE: Good afternoon, Senator Doyle, Representative Taborsak, and members of the General Law Committee. My name is Lori Lee and I have the director of pharmacy at Yale New Haven Hospital. Thank you for the opportunity to testify on House Bill 5329, which is AN ACT CONCERNING THE USE OF TELEPHARMACY BY HOSPITALS.

Public Act 11-242 Section 50 contained a provision that permitted the Department of Consumer Protection in consultation with the Department of Public Health and the Department of Drug Control to establish a telepharmacy pilot program in one Connecticut hospital and its satellite locations. Last fall, Yale-New Haven Hospital began conducting a telepharmacy pilot program at our facility. This program enables us to supervise a pharmacy technician remotely as she or he prepares IV sterile medications, in our case, mostly chemotherapy. The expansion of this service to clinics located within 35 miles of the hospital has allowed us to service our oncology patients closer to their homes and provide the same quality care and pharmacy oversight that we can bring to these locations.

This has increased patient satisfaction as our patients who utilize these facilities find them very convenient. We utilize bar-code technology, digital photography, live video and audio media and it's all capture electronically without our software. This enables the licensed pharmacist to supervise and communicate with the technician during the preparation of all of this IV sterile medications. This technology also has the added safety feature that uses bar-code matching to ensure that the correct products are being selected for preparation by the technician.

Being able to utilize telepharmacy on a permanent basis as is being suggested by House Bill 5329 will add value to our patients. Expanding the use of the bar-code technology ensures that product selection is error proof and the ability to use the digital photography to capture each step of the mixing process is even better and more accurate than visually

watching a technician. For example, the system allows a pharmacist to zoom in on a picture and view them at a greater magnified level than even your naked eye can permit. This ensures that the product is safe and accurate for our patients.

Additionally, allowing a pharmacist the ability to supervise technicians remotely will enable hospitals to be more efficient in the utilization of clinical pharmacists. The electronic efficiencies streamline our work and allow pharmacists more time in the day to provide cognitive functions such as patient education and physician education on the various drugs and their side effects.

I'm just going to wrap up.

The electronic system tracks all data associated with the production of medications and this data is stored long-term for quality review. House Bill 5329 will permit all Connecticut hospitals to participate in similar telepharmacy initiatives provided they meet the same quality standards outlined in the current pilot and they are in compliance with the Department of Consumer Protection pharmacy regulations.

Thank you for considering our position.

SENATOR DOYLE: Thank you. Thank you.

Any questions?

Representative Reed, I think you had a question that wasn't answered early.

LORRAINE LEE: I can clarify that for you.

SENATOR DOYLE: Yes.

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REP. REED: Thank you, Mr. Chairman.

Yes. So I'm looking for the --

LORRAINE LEE: Yeah.

REP. REED: -- participation in the equation of a
doctor in real time not in a forensic context.

LORRAINE LEE: No. These clinics are actually
fully serviced just like you would find within
the hospital four walls. There are
physicians, nurses and then, in our case,
technicians and other health care
professionals right there on site. The
chemotherapy is administered under medical
supervision on site, physically.

REP. REED: Thank you very much. Thank you for
your testimony.

Thank you, Mr. Chairman.

SENATOR DOYLE: Thank you.

Any further questions from the committee?

Seeing none, thank you very much.

Next speaker is Michele Devine, Tim Phelan,
Scott Silvester0, Brian Goldwyn, Eugene
Marconi and William Colgan.

MICHELE DEVINE: Senator Doyle, Representative
Taborsak, and distinguished members of the
General Law Committee. Thank you for the
opportunity to speak to you today. My name is
Michele Devine and I'm the executive director
of the Southeastern Regional Action Council.

One of our primary functions of the

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**TESTIMONY OF
YALE-NEW HAVEN HOSPITAL
SUBMITTED TO THE
GENERAL LAW COMMITTEE**

Tuesday, March 6, 2012

HB 5329, An Act Concerning The Use Of Telepharmacy By Hospitals

Good Afternoon Senator Doyle, Representative Taborsak and members of the General Law Committee. My name is Lorraine Lee, and I am the Director of Pharmacy at Yale-New Haven Hospital. Thank you for the opportunity to testify on House Bill 5329, An Act Concerning the Use of Telepharmacy by Hospitals.

Public Act 11-242 (Section 50) contained a provision that permitted the Department of Consumer Protection (DCP), in consultation with the Department of Public Health and the Department of Drug Control, to establish a telepharmacy pilot program in one Connecticut hospital and its satellite locations.

Last fall, Yale-New Haven Hospital began conducting a telepharmacy pilot program at our facility. This program enables us to supervise a pharmacy technician remotely as she or he prepares Intravenous Sterile medications, mostly chemotherapy. The expansion of services to clinics located within 35 miles of the hospital has allowed us to service oncology patients closer to their homes by providing quality care that pharmacy oversight can bring to these locations. This has increased patient satisfaction, as our patients who utilize these facilities find them convenient.

We utilize bar-coding technology, digital photography, live video and audio media that is all captured electronically within our software. This enables the licensed pharmacist to supervise and communicate with the technician during the preparation of all Intravenous Sterile medications. This technology also has an added safety feature that uses bar-code matching to ensure that the correct products are being selected for preparation by the technician.

Being able to utilize telepharmacy on a permanent basis, as being suggested by HB 5329, will add value to our patients. Expanding the use of the bar-code technology ensures that product selection is error-proof. The ability to use digital photography to capture each step of the mixing process is better, and more accurate than visually watching the technician. For example, the system allows a pharmacist to zoom in on pictures and view them at a more magnified level than the naked eye permits. This ensures that the product is safe and accurate for patients.

Additionally, allowing a pharmacist the ability to supervise technicians remotely will enable hospitals to be more efficient in utilization of clinical pharmacists. The electronic efficiencies streamline work and allow pharmacists more time in the day to provide cognitive functions such as patient education and physician education on drugs and managing side effects. The electronic systems track all data associated with the production of medications, and this data is stored long-term for quality review.

HB 5329 will permit all of Connecticut's hospitals to participate in similar telepharmacy initiatives, provided they meet the same quality standards outlined in the current pilot and are in compliance with DCP pharmacy regulations.

Thank you for considering our position.



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**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
GENERAL LAW COMMITTEE
Tuesday, March 6, 2012**

HB 5329, An Act Concerning The Use Of Telepharmacy By Hospitals

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony regarding **HB 5329, An Act Concerning The Use Of Telepharmacy By Hospitals**. CHA supports this bill.

Public Act 11-242 (Section 50) contained a provision that permitted the Department of Consumer Protection (DCP), in consultation with the Department of Public Health, to establish a telepharmacy pilot program in one Connecticut hospital and its satellite locations. In January, DCP issued a letter of approval for the telepharmacy pilot program that is in place at Yale-New Haven Hospital. The current pilot allows for patients to receive IV care and treatment closer to home, with a pharmacist at Yale-New Haven Hospital providing real-time audio and visual review of the activities of a pharmacy technician working at the satellite location. In addition, the pharmacy technician takes photographs of the sterile products at each step of the process for real-time review and verification, as well as long-term technical storage and quality review.

HB 5329 will permit all of Connecticut's hospitals to participate in similar telepharmacy initiatives on a permanent basis, provided they meet the same quality standards outlined in the current pilot and are in compliance with DCP pharmacy regulations. CHA supports this initiative.

After consulting with DCP, CHA respectfully requests the minor technical change outlined below, which will bring further clarity to the language:

In line 45-46, replace "an appropriately licensed individual" with "a licensed pharmacist".

CHA would welcome the opportunity to work with the Department of Consumer Protection and the General Law Committee in our collective efforts to bring quality care closer patients' homes, and urges you to support HB 5329.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2012**

**VOL.55
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HOUSE OF REPRESENTATIVES

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April 17, 2012

Those voting Yea	138
Those voting Nay	10
Those absent and not voting	3

DEPUTY SPEAKER RYAN:

The bill passes.

Will the Clerk please call Calendar Number 113.

THE CLERK:

On page 37, Calendar 113, Substitute for House Bill Number 5329, AN ACT CONCERNING THE USE OF TELEPHARMACY BY HOSPITALS, favorable report by the Committee on Public Health.

DEPUTY SPEAKER RYAN:

Once again, Representative Taborsak of the 109th.

REP. TABORSAK (109th):

Thank you, Mr. Speaker.

I move acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER RYAN:

The question is acceptance of the Joint Committee's favorable report and passage of the bill.

Representative Taborsak, you have the floor.

REP. TABORSAK (109th):

Thank you, Mr. Speaker.

Mr. Speaker, House Bill 5329, AN ACT CONCERNING

THE USE OF TELEPHARMACY BY HOSPITALS, takes a very good, very successful pilot program that took place at Yale New Haven Hospital in 2011, where hospitals are able to set up these satellite offices and use telepharmacy to provide patients that are treating very difficult diseases, primarily in need of chemotherapy treatment, and bringing that treatment out to their communities through the use of telepharmacy, which is essentially a process where a pharmacist at the hospital uses audio and video real-time communication to oversee a pharmacist technician providing the chemotherapy.

This is a very good bill for patients. It allows them to treat closer to home, and for all practical purposes, mainly obtain chemotherapy treatment. It's a very good bill, Mr. Speaker. I urge adoption.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Ritter of the 38th.

REP. E. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, I rise in support of this bill as well. Last year the Public Health Committee was approached about establishing the pilot for this very

successful program, and we're very pleased to be able to see it advance here today. And I also wish to encourage my colleagues to support the bill.

Thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Rebimbas of the 70th.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

Mr. Speaker, just some clarifications regarding the bill, because although I acknowledge the fact that it did pass unanimously from the General Law Committee and also on the Public Health Committee, I know it was a learning process for me on the General Law Committee to truly understand the bill.

Because, when it first came before me, I became very hesitant when I'm finding out that there's satellite offices being opened throughout the state of Connecticut because the concern is always the protection of consumers.

So through you, Mr. Speaker, my apologies to the chairman of the General Law Committee.

DEPUTY SPEAKER RYAN:

Please prepare yourself, Representative Taborsak.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

Through you, is this legislation specifically only allowed by hospitals that currently have a pharmacist on staff? Or is it possible to have a hospital out there without a pharmacist opening these satellite offices?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

My understanding of the bill is that there is a requirement that a pharmacist be affiliated and involved in the telepharmacy practice. Current ratios, a pharmacist, pharmacist technicians, that three-to-one ratio, which is current law, is another issue which has to be -- or is worth mentioning that these sort of consumer protection safeguards will remain in place and apply to telepharmacies. Hospitals will also be required to do quality control evaluations on a periodic basis.

I appreciate the good Representative's question.
Through you, Mr. Speaker.

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DEPUTY SPEAKER RYAN:

Representative Rebimbas.

REP. REBIMBAS (70th):

And I thank the chairman for his response.

And through you, Mr. Speaker, just to highlight what was actually just testified to, that the current ratio, under current law, is three to one, and I'd like to discuss that a little bit.

Does this legislation change the current law? And when we refer to three to one, if we could first define what three to one is through the chairman of the General Law Committee, and then whether or not this piece of legislation changes that.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

It is my understanding that those ratios are maintained under the current bill before you.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

And just again, just clarifying what the three to one means, is that three to one meaning one pharmacist to every three technicians?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

That is my understanding.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

So, Mr. Speaker, just to further clarify, through you, so there would be no possibility that one hospital with one pharmacist would be able to open ten satellite offices with only -- housed by technicians. Is that correct?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

That's -- the way that that was described to me by the good Representative, it sounds like that would not -- that example would not follow current ratio, so that would not be allowed, as I understand her.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, just to clarify the purpose of this type of legislation. What is the reason that the hospitals are doing this? Have they found that this would be more convenient for their patients?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

There was a great deal of testimony in support. There was no opposition, and most of that testimony did center on the Representative's point, that this legislation would allow big-city hospitals to -- and any hospital in the state of Connecticut to provide

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these services in satellite offices that would be closer to patients, that would be closer to their communities, their homes, easier to access than the large hospitals, basically more convenient and more accessible.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, just for the benefit of the Chamber here today, because this seems to be something unique, something new and progressive, what history do we have? And I do understand that there was a pilot program.

But what information and history do we have through that pilot program that shows to us that this is something that worked and could be successful?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

The pilot program itself is truly -- I think, the

history we have that suggests this is a very good proposal. Many, many treatment providers and organizations and hospitals came forward and urged us to make this pilot program the law of the state and to allow other hospitals to do what was done in Yale because it worked so well there.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

And I want to thank the gentleman for his testimony and responses.

And I do rise in support of this legislation. And I also do want to highlight that the reason, the purpose that we have this legislation before us today is because the pilot program was a successful one. And the reason why we have these pilot programs is to put these ideas actually into practice and have positive feedback and information and historical data that's going to then lead to good legislation.

And I just also wanted to highlight for the benefit of the Chamber that we did have lots of written testimony as well as oral testimony from a

variety of different hospitals that looked into this pilot program and examined the pilot program and decided that this is something that they want in their hospitals.

And just to highlight a few, that was Lawrence and Memorial Hospital, John Dempsey Hospital, the Eastern Connecticut Health Network, Norwalk Hospital Association, Connecticut Children's Medical Center, Middlesex Hospital, St. Francis Hospital Medical Center, Western Connecticut Health Network.

And the reason why I highlight that is because we all take our responsibilities up here very seriously. When we pass legislation, we want to make sure that we have the necessary data to support it, and we want to make sure, again, if health care is going to be one of the number one issues in the state of Connecticut we want to make sure that these facilities are able to get the service that they need out to their patients.

And this is certainly one that I can support, and I ask my colleagues, too. So thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Carter of the 2nd.

REP. CARTER (2nd):

Thank you very much, Mr. Speaker.

A couple of questions for the proponent of the bill, through you, sir.

DEPUTY SPEAKER RYAN:

Please proceed, sir.

REP. CARTER (2nd):

One of the questions on my mind is the fact that in these interesting -- these clinics that we have, are those Medicaid clinics? What is the nature of that clinic where the pharmacy is going to be set up?

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

I apologize. Could the good Representative repeat his question?

REP. CARTER (2nd):

Sure. I'm interested to know a little more about the clinics. Are these hospital clinics? Medicaid clinics? And what kind of pharmacy are they? Are they distributing products just in the clinics to those, those patients? Or are they open to the public at large?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

I'm not sure that I understand the Representative's question. I think that to try to simplify the situation, this bill essentially allows hospitals to provide sterile products, primarily chemotherapy treatment to patients, in the format that they do in the hospital setting with all of the regulations imposed upon pharmacists providing that sort of treatment, except it allows for this treatment to be done in satellite offices through the use of telepharmacy. I hope that helps answer the question.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Carter.

REP. CARTER (2nd):

And I thank the good gentleman for his remarks. It does clarify it a little bit.

I guess my concern is I'm trying to understand if this extends beyond chemotherapy. Are these satellite pharmacies that are being set up within 35 miles of the hospital that can treat any patient?

And I'm trying to understand, is there a competition factor, for that matter, with other pharmacists? I mean, obviously we don't let CVS practice without having a pharmacist on site.

So through you, Mr. Speaker, if the chairman could answer that question, are these pharmacies in any way competing with other pharmacies that are in the area?

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

I guess my answer is I don't believe so. I think that this would be a new phenomenon, a new service. We're taking a pilot program that exists only in one place in the state of Connecticut, and hopefully, if we pass this law, making it something that's available for any hospital that wants to take advantage of this, this new technology and this new process of providing sterile products.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

So I guess just I'll understand that this is not the same as an outpatient pharmacy being opened by a hospital in a clinic. Because I know some hospitals have an outpatient clinic, a pharmacy available. If this is limited towards drugs or cancer drugs for that patient population, I definitely would be willing to support this.

So thank you, Mr. Chairman.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Thompson of the 13th.

REP. THOMPSON (13th):

Thank you, Mr. Speaker.

Mr. Speaker, I rise in support of this legislation. And I think, as the previous speaker mentioned, it may open up other doors. And I believe information technology at this time has already opened some of those other doors in the field of health care.

And I hope that someday every -- for example, every federally qualified health center will have access to information technology in other areas of medicine. And knowing our medical profession, I'm sure that they will proceed slowly and carefully.

Knowing others that are involved in the health care field, they will also proceed.

But it seems to me it does open a door, and hopefully someday everyone in our country, in our state, in our community will have access to health care of the highest nature. So I support this for those reasons.

Thank you.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Bacchiochi of the 52nd.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

A couple questions to the proponent of the bill, please.

DEPUTY SPEAKER RYAN:

Please proceed, ma'am.

REP. BACCHIOCHI (52nd):

Thank you.

I just wanted to make sure I understood a couple quick things. The satellite locations are actually going to be hospital-type satellite locations. This isn't for in-home treatment.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

This is not in-home treatment. Thank you.

DEPUTY SPEAKER RYAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you.

And it would only be specifically for the IV treatment of cancer, or is it more open in latitude than that?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

What this -- what the treatment that this would essentially be focused on and limited to, at this time, would be to the dispensing of a sterile product, which is defined as any drug, as that term is defined in Section 20-571 of the General Statutes, that is compounded, manipulated, or otherwise prepared under sterile conditions during the dispensing process.

The reason I used chemotherapy is because, for practical purposes, that is the primary treatment that people are going to be receiving, the primary sterile product that people will be receiving as a result of this legislation.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

And through you, Mr. Speaker, could you please explain to me the piece about the pharmacist must supervise the technician? Is that specifically for the mixing of the drugs? Because I didn't think the pharmacist will be supervising the actual administration of the drugs.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

The language in the bill states that the pharmacist shall monitor and verify the activities of a pharmacy technician through audio and video

communication. That is the language under the bill.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker.

And I understand that the good chairman might be a little bit unsure, as I am, as to whether the pharmacist is actually supervising the preparation and the mixture of any sterilized drugs or whether they are supervising the actual administration of those drugs. And perhaps that answer will come out as we discuss and debate the bill.

And I ask that, through you, Mr. Speaker, because I'm unclear as to what the requirements or the certifications necessary for a pharmacy technician would be. And perhaps through you, Mr. Chairman, I could find the answer to that, the requirements for a pharmacy technician.

DEPUTY SPEAKER RYAN:

Representative Taborsak, did you understand the question?

REP. TABORSAK (109th):

I think that what the Representative is getting

at is, I think, that the dispensing of sterile products, I believe it is the intent that that probably begins at the preparation of the product itself and then continues into dispensing it to the patient.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you.

And I apologize, Mr. Speaker, because I realize that that question was vague and hard to interpret.

Also I was reading in the testimony that some of the pharmacies are employing barcodes to ensure that the proper medication is being dispensed. Does the good chairman know if that will be part of the requirements going forward and out of the pilot program?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

It is my understanding that both barcode, the

barcode tracking system, and the documentation by digital photographs will be practices that will continue under this legislation.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you.

I think this is an excellent idea, especially in the rural areas where it's harder for patients to maybe get to a hospital location. Perhaps this will give the patient less travel, keep them closer to home and be more convenient for the caregiver.

Thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Srinivasan of the 31st.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker.

I rise in strong support of this bill. And through you, Mr. Speaker, to the proponent of the bill. Thank you, Mr. Speaker.

Thank you, Mr. Speaker.

When you discuss about dispensing IV medications

and by and large the use of chemotherapy, which is the example that you gave because that is the one that's most commonly used, I just want to make sure that it is not restricted to chemotherapy alone. Because nowadays we have so much of biologicals being administered as well.

And just for my clarification, all medications would be allowed as long as they are sterile preparations?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

I appreciate the gentleman's question. It is not limited to chemotherapy. "Sterile product" is the terminology used, so it would be open to that term and how it is defined under our statutes.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker.

And you know, when we talk about this ratio,

through you, Mr. Speaker, of three to one, you know, three technicians, one pharmacist, if -- and hopefully this program is very successful, would we have to go through this process again to increase that ratio from three to one to five to one, or whatever number we feel?

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Taborsak.

REP. TABORSAK (109th):

Through you, Mr. Speaker.

I believe there is a process currently where, if the need is demonstrated that the ratio can be increased to five to one. Under current law the standard is three to one, but there is a process in place where I think approval from the commissioner of public health allows an increase in that ratio.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Yeah. Thank you, Mr. Speaker.

And that is how I have interpreted that, too, through the pharmacy director's petition as well as

the pharmacy commission, that ratio could be increased from three to one to five to one if needed.

Thank you, Mr. Speaker. I appreciate it.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Will you remark further on the bill? Will you remark further on this bill? If not, will staff and guests please come to the well of the House. Will the members please take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is taking a roll call vote. Members to the Chamber, please.

DEPUTY SPEAKER RYAN:

Have all members voted? Have all members voted? Will the members please check the board to determine if your vote is properly cast. If all members have voted, the machine will be locked and the Clerk will take tally. The Clerk will announce the tally.

THE CLERK:

House Bill 5329.

Total number voting	147
Necessary for adoption	74

Those voting Yea	147
Those voting Nay	0
Those absent and not voting	4

DEPUTY SPEAKER RYAN:

The bill passes.

Will the Clerk please call Calendar Number 264.

THE CLERK:

On page 21, Calendar 264, Substitute for House Bill Number 5516, AN ACT CONCERNING PRESCRIPTION DRUG ADMINISTRATION IN NURSING HOME FACILITIES, favorable report by the Committee on Public Health.

DEPUTY SPEAKER RYAN:

The Chairman of the Public Health Committee, Representative Ritter, you have the floor.

REP. E. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, I move for acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER RYAN:

The question is acceptance of the Joint Committee's favorable report and passage of the bill.

Before we go any further, could I just ask the Chamber to quiet down please. It's getting very noisy. Someone is trying to take out a bill and they

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**CONNECTICUT
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SENATE**

**PROCEEDINGS
2012**

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SENATE

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May 1, 2012

Is there objection? Seeing none, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, Calendar Page 13, Calendar 5 --
Calendar Page 13, Calendar 367, House Bill 5150, move
to place the item on the Consent Calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Also Calendar Page 13, Mr. President, Calendar 368,
House Bill 5182, move to place on the Consent
Calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Continuing on Calendar Page 13, Calendar 371, House
Bill 5314, move to place the item on the Consent
Calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, Calendar Page 14, Calendar 372, House
Bill 5329, move to place on the Consent Calendar.

THE CHAIR:

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SENATE

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May 1, 2012

Without objection, so ordered.

SENATOR LOONEY:

Yes, thank you, Mr. President.

Mr. President, Calendar Page 15, Calendar 379, House Bill 5364, move to place this item on the Consent Calendar.

THE CHAIR:

Is there objection? Seeing none, so ordered.

SENATOR LOONEY:

Okay. Yeah, that's perfect; good. Good. And thank you, Mr. President.

Mr. President, before calling for a vote on the Consent Calendar, I believe the Clerk is in possession of Senate Agenda Number 2.

THE CHAIR:

Mr. Clerk.

THE CLERK:

The Clerk is in possession of Senate Agenda Number 2, dated May 1, 2012. It has been distributed and should be on Senators' desks.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, I move all items on Senate Agenda Number 2, dated Tuesday, May 1, 2012, to be acted upon as indicated and that the agenda be incorporated by reference into the Senate journal and the Senate transcript.

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SENATE

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May 1, 2012

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would now ask the Clerk to read the items on the Consent Calendar and then if we might move to an immediate vote on that Consent Calendar.

THE CHAIR:

Would the Clerk please identify those items placed on our Consent Calendar?

THE CLERK:

On page 6, Calendar 241, House Bill 5315; page 12, Calendar 366, House Bill Number 5124; page 13, Calendar 367, House Bill Number 5150. Also on page 13, Calendar 368, House Bill Number 5182; on page 13, Calendar 371, House Bill Number 5314; on page 14, Calendar 372, House Bill Number 5329; and, on page 15, Calendar 379, House Bill Number 5364.

THE CHAIR:

Those items, having been identified as our Consent Calendar, the machine will be open, and Senator -- Senators may cast their vote.

Clerk, please make the announcement.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all Senators voted? Have all Senators voted?
Please check the board to make certain that your vote

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is properly recorded. If all Senators have voted, the machine will be locked.

Mr. Clerk, please take a tally.

THE CLERK:

On today's Consent Calendar.

Total number Voting	34
Necessary for Passage	18
Those voting Yea	34
Those voting Nay	0
Absent, not voting	2

THE CHAIR:

Consent Calendar is passed.

Are there any announcements or points of personal privilege? Are there any announcements or points of personal privilege?

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Mr. President, tomorrow there will be a Public Health Committee meeting outside the hall of the House at 10:30 a.m.; that's tomorrow, Wednesday, May 2nd.

Thank you, Mr. President.

THE CHAIR:

Thank you, madam.

Are there further announcements or points of personal privilege? Are there further announcements or points of personal privilege?